a Trauma Centre which is at the planning stage.

(c) Most large State hospitals have facilities for emergency and trauma care. The Chandigarh Administration, Hima-chal Pradesh, Manipur and Tamil Nadu have reported that facilities are available in their hospitals and health centres to extend immediate care to trauma victims.

Success of population control Measures

1742. DR. KARAN SINGH: Will the PRIME MINISTER be pleased to state:

(a) whether it is a fact that population control measures, by and large, have not been successful in many States, except Tamil Nadu and Kerala;

(b) whether it is a fact that the present incentives are not enough to attract couples to adopt small family norm; and

(c) what additional steps Government would take to provide attractive incentives to the couples to adopt small family norm?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) For the country as a whole population indicators have shown notable improvement since 1951. Comparison of the 1951-61 decade and 1995 shows that the birth rate has declined from 41.7 to 28.3. infant mortality rate from 146 to 74, death rate from 22.8 to 9, fertility rate from 5.97 to 3.5 (1993). Family Welfare Programme is estimated to have averted 21.2 crore births so far. However, progress in individual States has been uneven. As per the latest information available, Kerala, Tamil Nadu and Goa have achieved the goal of Total Fertility Rate of 2.1. while Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh were having Total Fertility Rate of more than 4.0. in 1993. The States of Andhra Pradesh, Karnataka, Maharasth-ra and Himachal Pradesh had total Fertility Rate of less than 3.0 in the same year.

(b) and (c) In view of the ineffectiveness of individual incentives in the long run, the distortions they cause in the choice *oi* people and the astronimical sums of money that would be required for any meaningful incentive scheme, it is not proposed to provide any additonal individual incentives for adoption of the small family norm. However, it is planned to initiate a substantially large scheme of community incentive in the IX Plan , in adequate resources become available for it.

Implementation of Family Welfare Programme

1743. DR. B.B. DUTTA: Will the PRIME MINISTER be pleased to state:

(a) whether it is a fact that, the Family Welfare Programme is being implemented all over the coutry on the basis of "Target Free Approach" and no targacts have been fixed in repsect of the four family planning methods;

(b) if so, the details thereof;

(c) the achievements made in regard to family planning during 1996-97 in relation to the corresponding period of last year; and

(d) the technical and financial assistance received from various international organisations for the family welfare programme during the last five years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Yes, Sir. National Family Welfare Programme is being implemented in the country on Target Free Approach w.e.f. 1st Appril, 1996. The system of setting centrally determined targets for family planning has been replaced by decentarlised participatory planning at the grass root level with emphasis on quality of services and quality of care.

(c) Methodwisc family planning performance during 1995-96 and 1996-97 is as follows.

(In thousand acceptors)

F.P. Methods	1995-96	1996-97
Sterilisation lUD	4419.6	3816.5
Insertions	6849.8	5712.5
Condom Users	17290.4	17111.3
Oral Pill Users	5065.6	5167.6

(d) Technical and financial assistance has been received during the last five years (from 1992-93 to 1996-97) for the Family Welfare Progrreamme from various international agencies which are mainly. World Bank, UNFPA, UNICEF, USAIDWHO, ODA, DANIDA, NOR AD. The total assistance amounts to about Rs. 3555 crorcs during this period.

Goal of 'Health For All' By 2000 AD

1744. SHRI SANJAY NIRUPAM: SHRI MUKESH R. PATEL:

Will the PRIME MINISTER be pleased to state:

(a) what arc Government's steps to achieve the goal of "Health For All" by 2000 AD, according to National Health Policy;

(b) the details thereof; and

(c) the details of funds allocated to achieve this goal, programme-wise

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY) (a) and (b) The goals set out in the National Health Policy, 1983 arc sought to be achieved through a number of programmes being implemented for the control of diseases and extension of immunization cover particularly to women and children. "Health for All" is universal goal and the State Government are primarily responsible for the extension of primary health care and implementation of the public health programmes and strategies aimed at controlling morbidity and mortality.

A comprehensive network of 132727 sub-centres, 21853 primary health centres and 2424 community health centres have been established throughout the eoutry.

Externally assistance has been availed by the Central Government for supporting the National programmes of Malaria, TB, Leprosy and Blindness.

The National AIDS Control Organisation has been established with the Responsibility for building awareness about safe blood and blood products and safe-sex with a view to preventing the spread of AIDS. The modernisation of Blood Banks and the training of doctors and hospital workers has been undertaken.

While implementing the National Family Welfare Programmes priority has been accorded to the health of needs of women and children.

The Indian Systems of Medicine arc sought to be integrated to give with the existing infrastructure medical cover to patients in a manner which suits their individual needs and dispositions.

The undergraduate medical curriculum has been revised to make it more relevant to present day needs.

Health promotion has been given a renewed thrust through the provision of specific budgets for information, education and communication for major programmes.

(c) The allocation of funds for the major National Health Programmes during 1997-98 are as under:—

(Rs. in erores)

National Family Welfare Programmes	1829.35
ISM & Homoeopathy	35.30
National AIDS Control Programme	100.00
National Leprosy Eradication Programme	75.00
National Tuberculosis Control Programme	90.00